

**Comparison of NCQA, Health Care Authority, Medical Assistance Administration,  
and DOH's Coordinated Quality Improvement Program Standards**

NCQA STANDARD		HCA	MAA	*1996	DOH
<b>QUALITY MANAGEMENT AND IMPROVEMENT</b>					
<b>QI 1.0</b>	<b>Program Description</b>				
QI 1.1	Written Description	✓	✓	✓	
QI 1.2	Reviewed annually, updated as necessary	✓			✓
QI 1.3	Senior executive responsibility	✓	✓	✓	
QI 1.4	Medical director substantially involved	✓	✓	✓	
QI 1.5	QI committee	✓	✓	✓	✓
QI 1.6	Specifies role, structure, and function for QI committee	✓	✓	✓	✓
QI 1.7	Providers participate in QI committee	✓	✓	✓	✓
QI 1.8	Adequate resources are available				✓
QI 1.9	Committee actions are recorded		✓	✓	✓
QI 1.10	Annual work plan			✓	
<b>QI 2.0</b>	<b>Accountability to the Governing Body</b>				
QI 2.1	Formally designed oversight of QI committee		✓	✓	✓
QI 2.2	Documentation approving the QI program			✓	
QI 2.3	Documentation approving the QI plan			✓	
QI 2.4	Written reports from the QI program		✓	✓	✓
QI 2.5	Written annual QI report reviewed			✓	✓
<b>QI 3.0</b>	<b>Coordination with Other Management Activity</b>				
QI 3.1	Information used for recredentialing, reconstructing, and performance evaluations				✓
QI 3.2	Coordination with utilization review; risk management; complaints and grievances				✓
QI 3.3	Linkage with other management functions				
<b>QI 4.0</b>	<b>Provider Contracts</b>				
<b>QI 5.0</b>	<b>Scope and Content</b>				
QI 5.1	Comprehensive scope (clinical care and quality of service)	✓	✓	✓	
QI 5.2	members may offer suggestions				✓
QI 5.3	Monitoring and evaluation of clinical issues reflects demographics of people served	✓	✓	✓	
QI 5.4	Monitoring and evaluation of clinical issues includes all care settings and types	✓	✓	✓	

<b>QI 6.0</b>	<b>Important Aspects of Care and Service</b>				
QI 6.1	Includes high-volume, high-risk services; acute; and chronic care			✓	
QI 6.2	Practice guidelines are used, reviewed, and updated				✓
QI 6.3	Continuity and coordination of care is reviewed				✓
QI 6.4	Under-utilization and over-utilization are monitored				✓
<b>QI 7.0</b>	<b>Access to Care and Service</b>				
<b>QI 8.0</b>	<b>Health Management Systems</b>				
QI 8.1	Facilities effective health promotion				
QI 8.2	Promotes effective health management				
QI 8.3	Informs and educates providers about health promotion and management programs				
<b>QI 9.0</b>	<b>Measurement and Improvement</b>				
QI 9.1	Indicators are objective, measurable, and current	✓		✓	✓
QI 9.2	Appropriate methods and frequency of data collections are used	✓		✓	✓
QI 9.3	Data is analyzed	✓	✓	✓	
<b>QI 10.0</b>	<b>Action and Follow-Up</b>				
QI 10.1	Results of evaluations are used to improve care	✓	✓	✓	
QI 10.2	Improvement proposals are tracked to assure action is taken	✓	✓	✓	✓
QI 10.3	Issues are followed-up to determine effectiveness	✓	✓	✓	
<b>QI 11.0</b>	<b>Effectiveness of the QI Program</b>				
QI 11.1	Annual written report				✓
QI 11.2	Evidence of improved care and services provided				
<b>UTILIZATION MANAGEMENT</b>					
<b>UM 1.0</b>	<b>Utilization Management Program</b>				
UM 1.1	Minimum includes: policies and procedures to evaluation medical necessity and provide services	✓	42 CFR 456	✓	
UM 1.2	Periodic review and update				✓
<b>UM 2.0</b>	<b>Qualified Professional Review for Pre-authorization and Concurrent Review</b>				
UM 2.1	Physician reviews medical appropriateness on any denial	✓		✓	
UM 2.2	Board certified specialists are used as needed				
<b>UM 3.0</b>	<b>Utilization Review Protocols</b>				
UM 3.1	Documented criteria are available to participating physicians	✓		✓	✓
UM 3.2	Consistency is checked				
UM 3.3	Criteria are reviewed and updated periodically				✓
<b>UM 4.0</b>	<b>All Necessary Information is Obtained</b>			✓	✓
<b>UM 5.0</b>	<b>Decisions are Timely</b>			✓	

<b>UM 6.0</b>	<b>Reasons for Denial are Clearly Documented</b>			✓	
<b>UM 7.0</b>	<b>Medical Technologies</b>				
UM 7.1	Appropriate professionals develop technology evaluation criteria				
UM 7.2	Evidence of program approval and report evaluation				✓
<b>UM 8.0</b>	<b>Member Satisfaction</b>	✓		✓	✓
<b>UM 9.0</b>	<b>Contract Oversight</b>				
UM 9.1	Written description of activities, accountability, report, and evaluation				✓
UM 9.2	Evidence of program approval and report evaluation		✓	✓	
<b>CREDENTIALING</b>					
<b>CR 1.0</b>	<b>Written Policies and Procedures for Credentialing, Recertification, Reappointment</b>	✓	✓	✓	
<b>CR 2.0</b>	<b>Governing Body Formally Delegates Credentialing</b>			✓	✓
<b>CR 3.0</b>	<b>Credentialing Committee or Other Peer Review Body Recommends Decisions</b>				
<b>CR 4.0</b>	<b>Practitioners are Identified</b>	✓	✓	✓	
<b>CR 5.0</b>	<b>Initial Credentialing</b>				✓
CR 5.1	Current valid license		✓		✓
CR 5.2	Hospital privileges are in good standing		✓		✓
CR 5.3	Valid DEA or CDS certificate		✓		✓
CR 5.4	Graduation, residency, board certification		✓		✓
CR 5.5	Work history		✓		✓
CR 5.6	Current, adequate malpractice insurance		✓		✓
CR 5.7	Professional liability claims history		✓		✓
<b>CR 6.0</b>	<b>Application</b>				
CR 6.1	Physical and mental status, chemical/substance abuse, license or felony convictions, disciplinary activities or loss or limitation of privileges		✓		✓
CR 6.2	Correctness and completeness attested				
<b>CR 7.0</b>	<b>Information from Monitoring Organizations</b>				
CR 7.1	National Practitioner Data Bank		✓	✓	✓
CR 7.2	Washington State Medical Quality Assurance Commission		✓	✓	✓
CR 7.3	Medicare and Medicaid		✓	✓	
<b>CR 8.0</b>	<b>Site Visit</b>				
CR 8.1	Structured site and record keeping review				
<b>CR 9.0</b>	<b>Contracted Health Care Organizations</b>				
CR 9.1	Hospitals				
CR 9.2	Home health agencies				
CR 9.3	Nursing homes				

CR 9.4	Free-standing surgical centers				
<b>CR 10.0</b>	<b>Recredentialing and Recertification</b>				
CR 10.1	Implemented every two years	Periodic			✓
CR 10.2	Verify: valid state license; hospital privileges in good standing; valid DEA or CDS certification; board certified; current, adequate malpractice insurance; professional liability claims history				✓
CR 10.3	Statement regarding physical and mental health status; chemical dependency/substance abuse				
<b>CR 11.0</b>	<b>Information and Monitoring Organizations</b>				
CR 11.1	National Practitioner Data Bank				✓
CR 11.2	Washington State Medical Quality Assurance Commission				✓
CR 11.3	Medicare and Medicaid				
<b>CR 12.0</b>	<b>Data Review</b>				
CR 12.1	Member complaints				✓
CR 12.2	Quality review results				
CR 12.3	Utilization Management				✓
CR 12.4	Member satisfaction surveys				✓
<b>CR 13.0</b>	<b>On-Site Visit</b>				
CR 13.1	Structured site and record keeping review				
CR 13.2	Primary care providers, obstetricians/gynecologists, high-volume specialists				
<b>CR 14.0</b>	<b>Practitioner Privileges</b>				
CR 14.1	Report mechanism for serious quality deficiencies resulting in suspension or termination				
CR 14.2	Appeal process				
<b>CR 15.0</b>	<b>Delegated Contractor Oversight</b>				
CR 15.1	Written description of delegated activities and accountability				
CR 15.2	MCO retains the right to approve, terminate, suspend providers				
CR 15.3	Annual review to monitor effectiveness		✓	✓	
<b>MEMBERS' RIGHTS AND RESPONSIBILITIES</b>					
<b>RR 1.0</b>	<b>Member Rights</b>				
RR 1.1	Policies to: voice grievances; be provided information; participate in decision-making; privacy and respect	✓	✓	✓	
<b>RR 2.0</b>	<b>Member Responsibilities</b>				
RR 2.1	Policies for: providing information; following instructions and guidelines	✓	✓	✓	
<b>RR 3.0</b>	<b>Policies Provided to Providers and Members</b>	✓	✓	✓	
<b>RR 4.0</b>	<b>Complaints and Grievances</b>				

RR 4.1	Procedures for: registering and responding to complaints; and monitoring in a timely fashion	✓	✓	✓	✓
RR 4.2	Document substance and actions taken	✓	✓	✓	
RR 4.3	Procedures to ensure resolution of complaint	✓	✓	✓	
RR 4.4	Aggregation and analysis of complaint data	✓	✓	✓	
RR 4.5	An appeal process	✓	✓	✓	
<b>RR 5.0</b>	<b>Member Information</b>				
RR 5.1	Specialty care; emergency coverage; changes in benefits, offices; charges; complaint process	✓	✓	✓	
RR 5.2	Services are accessible				✓
<b>RR 6.0</b>	<b>Comprehensive Information</b>				
RR 6.1	Information is readable, understandable, and consumer tested	✓	✓	✓	
RR 6.2	Information is available in the language of the major populations served	✓	✓	✓	
<b>RR 7.0</b>	<b>Confidentiality</b>				
RR 7.1	Written confidentiality policies and procedures	✓	✓	✓	
RR 7.2	MCO ensures that offices/sites have confidentiality operationalized				✓
RR 7.3	Patients approve or refuse release of identifiable personal information			✓	
<b>RR 8.0</b>	<b>Member Satisfaction</b>				
RR 8.1	Periodically sample patient complaints, change requests, and disenrollments	✓		✓	
RR 8.2	Periodic customer satisfaction surveys	✓		✓	✓
RR 8.3	Identify sources of dissatisfaction	✓		✓	
RR 8.4	Address sources of dissatisfaction	✓		✓	
RR 8.5	Provide results	✓		✓	
<b>RR 9.0</b>	<b>Delegated Contractor Oversight</b>				
RR 9.1	Written description of delegated activities, accountability, reporting and evaluation				
RR 9.2	Evidence of program approval and report evaluation				
<b>PREVENTIVE HEALTH SERVICES</b>					
<b>PH 1.0</b>	<b>Practice Guidelines for Preventative Health Services</b>				
PH 1.1	Based on reasonable medical evidence	✓		✓	
PH 1.2	Providers involved	✓		✓	
PH 1.3	Reviewed and updated periodically	✓		✓	
PH 1.4	Developed for the full spectrum of enrolled populations	✓		✓	
<b>PH 2.0</b>	<b>Providers Informed About the Guidelines</b>	✓		✓	
<b>PH 3.0</b>	<b>Members Informed About the Guidelines</b>	✓		✓	
<b>PH 4.0</b>	<b>Population-Based Preventive Studies</b>				

PH 4.1	Childhood immunizations				
PH 4.2	Adult immunizations				
PH 4.3	Coronary artery disease risk factory screening				
PH 4.4	Cancer screening				
PH 4.5	Counseling for prevention of motor vehicle injury				
PH 4.6	Lead toxicity screening				
PH 4.7	STD screening/prevention				
PH 4.8	Prenatal care				
PH 4.9	HIV screening/prevention				
PH 4.10	Unintended pregnancy prevention				
PH 4.11	Alcohol/drug abuse screening/prevention				
<b>MEDICAL RECORDS</b>					
<b>MR 1.0</b>	<b>Records are Current, Detailed, Organized and Permit Effective patient Care and Quality Review</b>				
MR 1.1	Records reflect all aspects of care	✓	✓	✓	
MR 1.2	Records are available to providers at each encounter and to reviewers				
<b>MR 2.0</b>	<b>MCO Systematically Reviews Records for Standards Conference and Institutes Corrective Action if Indicated</b>	✓		✓	
<b>MR 3.0</b>	<b>Documentation of Record Review</b>				